

CLIENT HISTORY REVIEW

☐ Initial Review

☐ Updated Review

YOUTH'S NAME		JRA NUMBER	DATE OF BIRTH	AGE	GENDER	SOCIAL SECURITY NUMBER
RACE/ETHNICITY	PRIMARY LANGUAGE	PLACE OF BIRTH	TRIBAL AFFILIATION <input type="checkbox"/> Yes <input type="checkbox"/> No		NAME OF TRIBE, BAND, OR NATION	
FOREIGN BORN NATIONAL <input type="checkbox"/> Yes <input type="checkbox"/> No	ICE NOTIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No	DEPENDENT OF STATE <input type="checkbox"/> Yes <input type="checkbox"/> No	DCFS CASEWORKER			TELEPHONE NUMBER
PLACEMENT TYPE (CHECK ALL THAT APPLY) <input type="checkbox"/> JRA Direct <input type="checkbox"/> JRA SSODA Revoke <input type="checkbox"/> JRA CDDA Revoke <input type="checkbox"/> JRS SDA Revoke <input type="checkbox"/> JRA MHDA Revoke						
LENGTH OF SENTENCE	SENTENCE ADJUSTMENT <input type="checkbox"/> None (Standard Range) <input type="checkbox"/> Manifest Injustice <input type="checkbox"/> 150% Rule <input type="checkbox"/> 300% Rule					
ISCA SCORE	DETENTION CREDIT DAYS	MINIMUM RELEASE DATE		MAXIMUM RELEASE DATE		
BASIC TRAINING CAMP ELIGIBLE <input type="checkbox"/> Yes <input type="checkbox"/> No	DIAGNOSTIC COORDINATOR	NAME OF COUNTY COURT		REVIEW DATE		
SOURCES OF CONTACT AND INFORMATION						
LEGAL HISTORY						
1. CURRENT OFFENSE(S)						
2. SENTENCING INFORMATION						
3. DESCRIPTION OF OFFENSE(S)						
4. YOUTH'S VERSION OF OFFENSE						
5. PRIOR OFFENSES (ADJUDICATED AND NON-ADJUDICATED)						
6. <input type="checkbox"/> Youth has pending charges; if checked, describe:						
7. Youth has a co-respondent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name and current/pending placement?						
8. Youth's DNA sample collected? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date collected?						
9. Youth's court ordered HIV test completed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date completed?						
10. <input type="checkbox"/> Notification and legal requirements form completed; if checked, give date of completion:						
11. <input type="checkbox"/> Law enforcement records request completed						
a. List the agency(s) the requests were made to:						
b. Date of request:						
c. Date of receipt:						

SUICIDE/SELF-HARM HISTORY

12. Youth thinks about killing self? ☐ Yes ☐ No If yes, answer a – c below.
a. Youth has thought about killing self this week?.....☐ Yes ☐ No
b. Youth is currently thinking about killing self?.....☐ Yes ☐ No
c. Youth needs help from killing self now?☐ Yes ☐ No
13. Youth tried to kill self? ☐ Yes ☐ No If yes, answer a – d below.
a. The last attempt was more than six months ago?☐ Yes ☐ No
b. The last attempt was two to six months ago?☐ Yes ☐ No
c. The last attempt was less than two months ago?.....☐ Yes ☐ No
d. The last attempt was within the last week?☐ Yes ☐ No
14. Youth sometimes cuts, carves, picks, or burns self even though they don't want to kill self? ☐ Yes ☐ No
15. Total number of events requiring hospitalization?
16. Total number of reported or documented life time suicide or self-harm events?
17. Instances of suicide/self-harm have occurred in the last six months? ☐ Yes ☐ No If no, go to question 19.
18. Date and time of most recent event:
- a. Suicide/self-harm event: ☐ Suicide ideation ☐ Planning ☐ Action with no injury
☐ Action with non-serious injury ☐ Action with serious injury
- b. Attempted suicide/self-harm method: ☐ Cutting ☐ Gun ☐ Hanging ☐ Jumping
☐ Pills/overdose ☐ Poisoning ☐ Suffocation
☐ Other:
- c. Details of the event:
- d. Medical attention obtained? ☐ Yes ☐ No
- e. On a scale of 1 – 10, 1 being no intention, 10 being very serious, what was the youth's intent to die?
- f. Does youth need help to stop hurting self now? ☐ Yes ☐ No
- g. Youth told someone before the event? ☐ Yes ☐ No
- h. Youth told someone after the event? ☐ Yes ☐ No
- i. The "most recent event" is also the most lethal? ☐ Yes ☐ No; if no, date of most lethal:
19. ☐ Intake Suicide Risk Assessment (SRA) was completed (*institutional input*)
- a. SRA results:
- b. Date of assessment:

MENTAL HEALTH HISTORY

20. Youth is currently taking medication for a behavioral or emotional problem? ☐ Yes ☐ No
- a. List current medication(s):
- b. List any historical medication(s) and dates:
21. Diagnostic mental health screen scores:
Suicide/Self Mutilation: _____ Anxiety/Thought Content: _____ Detention Behavior/Mental Status: _____ Total Score: _____
Diagnostic Mental Health Screen Level: _____
22. Youth has prior community based mental health treatment services? ☐ Yes ☐ No If yes, answer a – b below.
- a. ☐ Inpatient services; facility(s): _____ Date(s): _____
- b. ☐ Outpatient services; facility(s): _____ Date(s): _____
23. DSM-IV diagnosis within the past two years? ☐ Yes ☐ No
- a. List the diagnosis, date(s), and clinician:
- b. List any historical diagnosis with date(s):
24. MAYSI Youth Questionnaire was completed (*institutional input*)
- a. Category scores:
Anger: _____ Anxiety: _____ Thought: _____ Somatic: _____ Drugs: _____
Suicide: _____ Trauma: _____ Depression: _____ Impulsivity: _____
- b. Indicate Red Flag(s):
- c. Date of questionnaire:

25. A mental health referral has been completed? ☐ Yes ☐ No If yes, answer a – b below (*institutional input*).

a. Describe reasons for referral:

b. Date of referral:

ASSAULTIVE/AGGRESSIVE HISTORY

26. Youth has a history of being assaultive and/or aggressive? ☐ Yes ☐ No If yes, answer a – e below (*check all that apply*).

a. ☐ Authority (parents, teachers, law enforcement, etc.):
☐ Verbal aggression ☐ Physical assault ☐ Inappropriate sexual contact ☐ Sexual aggression

b. ☐ Peers at school:
☐ Verbal aggression ☐ Physical assault ☐ Inappropriate sexual contact ☐ Sexual aggression

c. ☐ Peers in the neighborhood:
☐ Verbal aggression ☐ Physical assault ☐ Inappropriate sexual contact ☐ Sexual aggression

d. ☐ Peers in a custodial placement or detention:
☐ Verbal aggression ☐ Physical assault ☐ Inappropriate sexual contact ☐ Sexual aggression

e. ☐ Family members (siblings, cousins, etc.)
☐ Verbal aggression ☐ Physical assault ☐ Inappropriate sexual contact ☐ Sexual aggression

27. Describe most recent assaultive/aggressive event:

28. ☐ Sexual Aggression Vulnerability Youth Assessment (SAVY) was completed (*institutional input*)

a. Assessment outcome: ☐ Verbal aggression ☐ Sexually vulnerable ☐ Both ☐ Neither

b. Date of assessment:

ESCAPE HISTORY

29. Youth escaped/ran from detention or JRA residential facility? ☐ Yes ☐ No

30. Youth escaped/ran from custodial placement (community placement, drug and alcohol inpatient treatment, mental health facility, etc.)? ☐ Yes ☐ No

31. Youth runs to avoid police/warrants? ☐ Yes ☐ No

32. Youth runs from home? ☐ Yes ☐ No

33. Describe most recent escape/run event:

DETENTION BEHAVIOR

34. Youth's compliance with facility regulations while in detention (check one of the following):

☐ High level of compliance ☐ Moderate compliance ☐ None or minimal compliance

35. Describe overall detention behavior (if applicable include incidents involving suicide, assault, or escape behavior):

CHEMICAL DEPENDENCY

36. Youth scored red flag(s) on the Personal Experience Screening Questionnaire (PESQ)? ☐ Yes ☐ No

Indicated red flag(s): ☐ Infrequency ☐ Defensiveness ☐ Problem severity

37. Describe drug and alcohol use history and drugs of choice:

38. Youth has received a previous drug and alcohol assessment? ☐ Yes ☐ No If yes, answer a – c below.

a. Youth was diagnosed as being dependent? ☐ Yes ☐ No

b. Chemical Dependency Professional/agency who completed the assessment:

c. Date of assessment:

39. Youth was evaluated for the appropriate level of chemical dependency treatment by a JRA chemical dependency professional?

☐ Yes ☐ No (***institutional input***) If yes, indicate the recommended level of treatment below:

Recommended level of treatment: ☐ Intensive Inpatient ☐ Intensive Outpatient ☐ Outpatient ☐ Education

SEX OFFENSE INFORMATION

40. Youth has a criminal history of a prior sex offense? ☐ Yes ☐ No

41. Youth's current adjudication is a sex offense? ☐ Yes ☐ No

If no to questions 40 and 41 above, skip to question 44. If yes, answer the following:

42. Victim of youth's sex offense (past or current) lives in the home? ☐ Yes ☐ No

43. Describe sex offender treatment interventions (if applicable):

EDUCATIONAL AND VOCATIONAL INFORMATION

44. Youth has earned a high school diploma? ☐ Yes ☐ No

45. Youth has earned a GED? ☐ Yes ☐ No

46. Youth's last school of attendance?

Date(s) of attendance:

47. Youth's last grade attended?

48. Youth qualifies for Special Education? ☐ Yes ☐ No If yes, answer a – b below.

a. Category:

- | | | |
|--|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Communication Disordered | <input type="checkbox"/> Deafness |
| <input type="checkbox"/> Deaf/Blindness | <input type="checkbox"/> Developmentally Delayed | <input type="checkbox"/> Emotionally/Behaviorally Disabled |
| <input type="checkbox"/> Health Impaired | <input type="checkbox"/> Mental Retardation | <input type="checkbox"/> Multiple Disabilities |
| <input type="checkbox"/> Orthopedically Impaired | <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Visually Impaired/Blindness | <input type="checkbox"/> Other: | |

b. Youth has an active IEP? ☐ Yes ☐ No

49. Youth attends school regularly? ☐ Yes ☐ No If no, answer question 50. If yes, skip to question 51.

50. Reasons affecting attendance: ☐ Excessive truancy or running away ☐ Family is transient or moves frequently
☐ Multiple suspensions or expulsions ☐ Other:

51. Available grade level functioning assessments:

Math reasoning: _____ Reading: _____ Reading comprehension: _____
Spelling: _____ IQ information: _____ Assessment instrument used: _____

52. ☐ School behavior records request completed

- a. List the school(s) the requests were made to:
b. Date of request:
c. Date of receipt:

53. ☐ Education records request completed

- a. List the school(s) the requests were made to:
b. Date of request:
c. Date of receipt:

54. Vocational interests and goals:

MEDICAL CONCERNS

55. Youth has a history of head trauma or long periods of unconsciousness? ☐ Yes ☐ No

If yes, describe:

56. Youth has a medical condition that requires ongoing attention by a physician? ☐ Yes ☐ No If yes, answer a – c below.

a. Describe medical condition:

b. Attending physician: _____ and telephone number _____

c. ☐ JRA Medical Director notified

57. Youth has a physical or developmental condition that interferes with their ability to participate in treatment programming or physical activity? ☐ Yes ☐ No

If yes, describe:

58. Youth has allergies? ☐ Yes ☐ No If yes, answer a – b below.

a. List identified allergies:

b. Identify medical treatment in the event an allergic reaction occurs:

59. Other medical concerns or issues:

60. Youth has medical coverage? ☐ Yes ☐ No

Indicate medical coverage:

☐ Private Health Insurance

Insurance company: _____ Phone number: _____

☐ Medical coupons ☐ Basic Health Plan

FAMILY INFORMATION

61. PARENT/GUARDIAN NAME	RELATIONSHIP	PRIMARY LANGUAGE	TELEPHONE NUMBER
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STREET ADDRESS	CITY	STATE	ZIP CODE
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62. SIGNIFICANT SUPPORT NAME	RELATIONSHIP	PRIMARY LANGUAGE	TELEPHONE NUMBER
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63. Describe the biological/adoptive family structure (include siblings, significant extended family members, dependency issues):

64. Describe the youth's developmental history (include birth and medical complications, exposure to trauma):

65. Youth is a victim of abuse or neglect? ☐ Yes ☐ No If yes, answer a – c below.

a. Describe incident(s):

b. Has a referral to Child Protective Services been made? ☐ Yes ☐ No

c. Date(s) of referral:

66. Describe the supervision provided to this youth during his/her upbringing (who provided it and what it looked like):

67. Youth's family/guardians are gang or criminally involved? ☐ Yes ☐ No

If yes, describe:

68. Youth's family/guardians are incarcerated in prison? ☐ Yes ☐ No

If yes, describe:

69. Youth is gang involved/affiliated? ☐ Yes ☐ No

If yes, describe:

70. Youth's family/guardians have treatment needs? ☐ Yes ☐ No If yes, answer a – b below.

a. Indicate treatment needs: ☐ Chemical Dependency ☐ Mental Health ☐ Suicide/Self-Harm history

b. Describe needs:

71. Youth's family has had instances of domestic violence? ☐ Yes ☐ No If yes, answer a – b below.

a. Describe instances:

b. Has a report to law enforcement been made? ☐ Yes ☐ No

72. Describe parent's view of youth's criminal activity:

73. Youth is a parent? ☐ Yes ☐ No

If yes, describe:

74. Youth has a history of out of home placement? ☐ Yes ☐ No

If yes, describe:

75. Family is willing to participate in the youth's treatment? ☐ Yes ☐ No

COMMUNITY SUPPORT AND RESOURCES

76. Youth plans to live with their custodial parent (**see question 61**)? ☐ Yes ☐ No

If no, indicate intended placement:

PARENT/GUARDIAN/OTHER NAME	RELATIONSHIP	PRIMARY LANGUAGE	TELEPHONE NUMBER
STREET ADDRESS	CITY	STATE	ZIP CODE

77. Youth has supports in place in the community? ☐ Yes ☐ No If yes, answer a – b below.

a. Indicate supports: ☐ Church ☐ Extended family or friends ☐ Mentor ☐ State or County Agencies
☐ Other:

b. Describe supports:

78. Youth has prior state agency or DSHS involvement? ☐ Yes ☐ No

If yes, describe:

79. ☐ Youth will release to Probation

If yes, give the following information:

PROBATION OFFICER'S NAME	COUNTY	PHONE NUMBER
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80. <input type="checkbox"/> Youth will release to Parole If yes, give the following information:			
TYPE OF PAROLE	PAROLE COUSNELOR'S NAME	COUNTY	PHONE NUMBER
81. <input type="checkbox"/> Youth will release to Dual Supervision If yes, describe: 82. <input type="checkbox"/> Youth will release to Department of Corrections If yes, describe: 83. <input type="checkbox"/> Youth has an open Bureau of Immigration and Customs Enforcement (ICE) case a. ICE agent: _____ Phone number: _____ b. Additional follow-up with ICE is needed? <input type="checkbox"/> Yes <input type="checkbox"/> No 84. <input type="checkbox"/> Youth has an open Interstate case If yes, describe:			
JRA PLACEMENT			
85. INTENDED PLACEMENT		TRANSPORTATION DATE	
86. This placement is a result of an override? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:			
COMPLETED BY		PHONE NUMBER	E-MAIL ADDRESS
REVIEWED BY			DATE